

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
FREDERICK COUNTY HEALTH DEPARTMENT
VOLUNTEER SERVICES APPLICATION FORM

Applicant's Name: _____

Home Address: _____

Phone: _____

Occupation: _____ Current Employer: _____

Previous Work Experience:

a) As a Volunteer: _____

b) Other: (attach resume) _____

Education or Special Training: _____

Community Affiliations: _____
(clubs, other organizations)

References: _____

Name and address of person who should be contacted in case of illness/emergency on duty:

_____ Phone: _____

Days Preferred:

Monday through Friday: _____

Hours Preferred:

A.M. _____ P.M. _____

How did you find out about this program? _____

Signature/Date

Placement Date: _____ Area: _____

Termination Date: _____ Reason: _____